

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012368

STATE FILE NUMBER

456

FILED MAY 11 1959

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

300  
-57

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1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clinton	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Concord Township Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Leon's Rest Home Length of stay in lb 2 1/2 yrs.		d. STREET ADDRESS Rural Route no. 2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Georgia Middle Elma Last Junehouser		4. DATE OF DEATH Month May Day 1 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 23, 1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY n/a	9. AGE (In years less birthday) 86 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) Clinton County, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME John S. Junehouser		13b. MOTHER'S MAIDEN NAME Laura B. Wilkerson	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Thornton Petty, Kearney, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Failure DUE TO (b) Fracture of Femur (R) 13 days + Senile Arteriosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 9047 45		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell even though being held	
20c. TIME OF INJURY Hour 9:50 a.m. Month, Day, Year April 18, 1959		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at nursing home	
20e. CITY, TOWN, OR LOCATION St. Joseph		COUNTY Buchanan STATE MO	
21. I attended the deceased from 1952 to 5/1/59 and last saw her alive on 5/1/59 Death occurred at 9:30 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Scott C. Benson (Degree or title) M.D.		22b. ADDRESS 324 N. 6th	
22c. DATE SIGNED 5/2/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 3, 1959	
23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		23d. LOCATION (City, town, or county) (State) Plattsburg, Missouri	
24. FUNERAL DIRECTOR Leon Funeral Home, Inc., Plattsburg		25. DATE RECD. BY LOCAL REG. May 5, 1959	
26. REGISTRAR'S SIGNATURE M. Clark Hardell			

(Continued on Back of Form)

All diseases in Part I must be causally related.

Dr. Scott C. Benson

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed

*Phillips E. Cook*

Licensed Embalmer No. *4993*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.